



# FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **\$180.00**

Complete if Known	
Application Number	10/559,643
Filing Date	December 2, 2005
First Named Inventor	Jill MacDonald Boyce
Examiner Name	James A. Thompson
Art Unit	2625
Attorney Docket No.	PU040104

**METHOD OF PAYMENT** (check all that apply) **CUSTOMER NUMBER: 24498**

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES				Small Entity	
<u>Fee Description</u>				<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent claims				360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
_____ - 20 or HP = _____ x _____ = _____				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.					
<u>Independent Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____ - 3 or HP = _____ x _____ = _____					
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____					

4. OTHER FEE(S)			Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FEE: \$180.00			
			<b>\$180.00</b>

<b>SUBMITTED BY</b>			
Name (Print/Type)	GUY H. ERIKSEN	Registration No. (Attorney/Agent)	41,736
Signature		Telephone	(609) 734-6807
		June 14, 2010	

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FREE TRANSMITTAL** for FY 2007

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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### **2. EXCESS CLAIM FEES**

#### **Fee Description**

Each claim over 20 (including Reissues)

Small Entity  
Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

**Total Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

360 180

- 20 or HP =  $\frac{\text{Total Claims} - 20}{\text{Extra Claims}} \times \text{Fee Paid} =$

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

- 3 or HP =  $\frac{\text{Independent Claims} - 3}{\text{Extra Claims}} \times \text{Fee Paid} =$

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**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**  
- 100 = / 50 = (round up to a whole number) x =

### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): **INFORMATION DISCLOSURE STATEMENT FEE: \$180.00**

**\$180.00**

## **SUBMITTED BY**

Name (Print/Type) **GUY H. ERIKSEN** Registration No. **41,736** Telephone **(609) 734-6807**  
Signature *[Signature]* **June 14, 2010**

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